

Packaging and Shipping Diagnostic Specimens and Infectious Substances



This one day workshop is
offered on the following dates.

September 14, 2004
September 24, 2004
Montclair

September 21, 2004
October 5, 2004
Paramus

October 14, 2004
Vineland

October 26, 2004
Long Branch

November 15, 2004
New Brunswick

December 7, 2004
December 9, 2004
Trenton

Sponsored by:
New Jersey Department of
Health and Senior Services
and
National Laboratory
Training Network



Packaging and Shipping: Diagnostic Specimens and Infectious Substances

Registration Information

Registration Fee: \$ 25.00

Return completed registration form by:

Fax: 617-983-8037
or

Mail: NLTN
305 South Street
Boston, MA 02130-3597.

Confirmation letters will be e-mailed.
Applicants will be notified if course is
filled.

*No refunds for cancellations received
within seven days before program.*

Location Information

*Program date, registration deadline (in
parentheses), location and Website for
directions to program site:*

September 14, 2004 (August 31, 2004)

September 24, 2004 (Sept. 10, 2004)
Mountainside Hospital
1 Bay Ave.

Montclair, NJ 07042

http://www.atlantichealth.org/cons/hospitals/at_MSH/directions.html

September 21, 2004 (Sept. 7, 2004)

October 5, 2004 (Sept. 21, 2004)
Dorothy B. Kraft Center of The Valley
Hospital
15 Essex Rd.
Paramus, NJ 07652

http://www.valleyhealth.com/valley_hospital/VH_Vis_Directions.html#kraft

October 14, 2004 (Sept. 30, 2004)

South Jersey Healthcare Fitness Connection
Sherman Ave. and Orchard Rd.
Vineland, NJ 08360
http://www.sjhs.com/location/driving_inst.htm#Regional%20Medical

October 26, 2004 (Oct. 12, 2004)

Monmouth Medical Center
300 Second Ave.
Long Branch, NJ 07740
http://www.saintbarnabas.com/hospitals/monmouth_medical/directions/index.html

November 15, 2004 (Nov. 1, 2004)

St. Peter's University Hospital
254 Easton Ave.
New Brunswick, NJ 08901
<http://www.saintpetersuh.com/VisitHospital/Directions/directions.html>

December 7, 2004 (Nov. 24, 2004)

December 9, 2004 (Nov. 26, 2004)
New Jersey Department of Health and
Senior Services (NJDHSS)
Health and Agriculture Building
Market and Warren St.
Trenton, NJ 08625
<http://www.state.nj.us/health/directions.htm>

*The National Laboratory Training Network is a
training system sponsored by the Centers for Dis-
ease Control and Prevention (CDC) and the Asso-
ciation of Public Health Laboratories (APHL).*

Packaging and Shipping: Diagnostic Specimens and Infectious Substances

Program Description

Within the past several years, international and national agencies have implemented regulations effecting the way diagnostic materials and infectious substances are transported by ground, mail and air. The regulatory agencies are the US Postal Service (USPS), the US Department of Transportation (USDOT) and the International Air Transportation Association (IATA). Additionally, individual carriers have other specific requirements which effect transport.

Each employer is responsible for the training, certification and periodic retraining of employees who ship diagnostic specimens and infectious substances.

This workshop will fulfill the need for shipper training as specified by IATA and DOT regulations. Participants will also become familiar with the requirements for mailing diagnostic specimens and infectious substances.

Agenda

8:30 A.M.- 4:45 P.M.

There will be two - fifteen minute breaks.

- 8:00 Registration
- 8:30 Employer and Shipper Responsibilities
- 12:30 Lunch (Provided)
- 1:00 Practice Problems
- 2:30 Participant Examination
- 3:30 Examination Review
- 4:30 Evaluation
- 4:45 Adjournment

Objectives

At the conclusion of this program, participants will be able to:

- Differentiate between diagnostic specimens and infectious substances
- Identify packing materials that meet IATA and DOT specifications
- Describe IATA and DOT packing instructions for diagnostic specimens and infectious substances
- Demonstrate proper marking and labeling of simulated samples
- Create proper shipper's declarations

Faculty

Mary Dillon, BS
Quality Assurance Coordinator

Rudy Chesko, MA
Senior Training Technician

Susan Mikorski, M.Ed., MT(ASCP)SM
Laboratory Outreach and State Training Coordinator

Algernon Ward, BS
Assistant Chemical Terrorism Coordinator

*All of the speakers are from the
New Jersey Department of Health and
Senior Services,
Division of Public Health and
Environmental Laboratories,
Trenton, NJ*

Who Should Attend

This intermediate level program will be valuable for anyone responsible for packaging, shipping and transporting of diagnostic specimens and infectious substances.

*Quality Laboratory Practice
Through Continuing Education*

Continuing Education Credit

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.[®] Program. Participants who successfully complete this program will be awarded 7 contact hours.

Information and Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN at least two weeks prior to the workshop. For more information please call: 800-536-NLTN or 617-983-6285.



NE4405 to NE5205

2004SAF46

PACE 588-344-04 to

588-352-04

**National Laboratory Training Network
Registration Form****Packaging and Shipping:
Diagnostic Specimens and Infectious Substances**Form Approved
OMB No. 0920-0017
Exp. Date: 6/30/06**Applicant Information** (Please type or print.)

(Dr./Mr./Miss./Ms./Mrs.)

Title: _____ First Name: _____ M.I.: _____ Last Name: _____

Position Title: _____ State Licensure Number (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ Date: _____

(Please review all options in the three categories before circling the one most appropriate in each category.)**Occupation**

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist
- 12 Other _____

Education Level

(Highest Completed)

- Degree
- 04 Associate
- 05 Bachelor
- 06 Masters
- 07 Doctoral (M.D.)
- 08 Doctoral (Other than M.D.)
- 09 Technical/Hospital School
- 03 Some College
- 02 High School Graduate
- 01 Some High School
- 10 Other _____

Type of Employer

- 01 Health Department (State or Territorial)
- 03 Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hosp.
- 15 Other (Federal Employer) _____
- 16 Foreign
- 19 College or University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician's Office Laboratory/Group Practice
- 17 Hospital (Private Community)
- 33 Hospital (Other)
- 25 State Funded Hospital
- 26 City or County Funded Hospital
- 28 Health Maintenance Organization
- 31 Non-profit
- 32 Unemployed or Retired
- 30 Other _____

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

Please indicate date selected (X).

X	Date	Location
	9/14/04	Montclair, NJ (NE4405)
	9/24/04	Montclair, NJ (NE4505)
	9/21/04	Paramus, NJ (NE4605)
	10/5/04	Paramus, NJ (NE4705)
	10/14/04	Vineland, NJ (NE4805)
	10/26/04	Long Branch, NJ (NE4905)
	11/15/04	New Brunswick, NJ (NE5005)
	12/7/04	Trenton, NJ (NE5105)
	12/9/04	Trenton, NJ (NE5205)

Register Early!**Registration Fee: \$ 25.00**

Payment Information (Please check one.)

☐
☐Enclosed is my check or money order
(payable to APHL).

Bill my Credit Card.

(Circle one.)

VISA MasterCard American Express

Submit your registration form by:

Fax: 617-983-8037

or

Mail: NLTN
305 South Street
Boston, MA 02130-3597

For further information call: 617-983-6285

Credit Card Information

Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment